



VENDOR PROFILE FORM

The purpose of this form is to provide mandatory award and payment information for NOAA. This information is required as set forth in FAR 52.232-33, *Mandatory Information for Electronic Funds Transfer Payment*, the Debt Collection Improvement Act of 1996, and the Taxpayer Relief Act of 1997. NOAA will use the information only for the purposes stated in the references cited above and will restrict access to the data to authorized personnel who will use it only for the specified purposes. Until this information is received, our payment office will not make any payments.

Please Check One: ☐ NEW ☐ CHANGE (please complete bolded areas only, along with your changes)

NAME: **Legal Name:** _____
Parent Company Name (if applicable): _____
Division/Submit: _____
Acronym or shortened name (8 characters/digits or less): _____
What type of Vendor are you (select one): _____

- | | |
|---|--|
| <input type="checkbox"/> Small Disadvantaged Business | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Other Small Business | <input type="checkbox"/> State/Local Government - Hospital |
| <input type="checkbox"/> Large Business | <input type="checkbox"/> Other State/Local Government |
| <input type="checkbox"/> JWOD Non-Profit Agency | <input type="checkbox"/> Foreign Contractor |
| <input type="checkbox"/> Non-Profit Educational Organization | <input type="checkbox"/> Domestic Contractor Performing Outside US |
| <input type="checkbox"/> Non-Profit Hospital | <input type="checkbox"/> Tribal Government |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> HBC/U or Mi |
| <input type="checkbox"/> Other Non-Profit Organization | <input type="checkbox"/> Private University |
| <input type="checkbox"/> State/Local Government – Educational | |

DOC/NOAA Customer Account Number (if any): _____

Foreign Corporation Yes ☐ No ☐

Minority Owned and Operated Business Yes ☐ No ☐

Women Owned and Operated Business Yes ☐ No ☐

Taxpayer Identification Number (TIN)*: _____

SSN (individuals/sole proprietorship): _____

EIN (corporation/partnership/sole proprietorship with one or more employees): _____

of parent company _____

of division/subunit _____

DUNS # (commercial vendors only) _____

* The Taxpayer Identification Number (TIN) is required by law. If you fail to provide us with this information, your payments may be subject to income tax withholding.

Type of Entity/Account applicable to the TIN. (See form W-9 Request for Taxpayer Identification Number & Certification, Specific Instructions Section.) Select one:

- | | | |
|---|--|--|
| <input type="checkbox"/> Broker or Registered Nominee | <input type="checkbox"/> Corporation | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> Revocable Savings Trust | <input type="checkbox"/> Custodian Account of a Minor | <input type="checkbox"/> Valid Trust, Estate, |
| <input type="checkbox"/> Association Club, Religious, Charitable, | <input type="checkbox"/> Account with the Dept. of Agriculture | <input type="checkbox"/> Pension, Trust |
| <input type="checkbox"/> Educational, or other tax exempt | <input type="checkbox"/> in the name of a public entity (such | <input type="checkbox"/> Joint Account (two or |
| <input type="checkbox"/> Organization | <input type="checkbox"/> as State/Local Government, School | <input type="checkbox"/> more individuals |
| | <input type="checkbox"/> District or Prison) | |

Do you require payment in foreign currency? Yes ☐ No ☐ Type of Currency? _____

Please indicate the type of products you provide to NOAA.

☐ Services Only

☐ Goods Only

☐ Goods/Services

ADDRESS: Individual/Business/Organization's sales address and point of contact

Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ ZIP: _____ Country: _____

Phone: _____ FAX: _____

Internet E-mail Address: _____

If payment remit address is different than the sale address, please provide it below:

Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ ZIP: _____ Country: _____

Phone: _____ FAX: _____

Internet E-mail Address: _____

ELECTRONIC FUNDS TRANSFER (EFT):

The Debt Collection Improvement Act of 1996 mandates the use of EFT for all Federal payments to recipients who become eligible to receive such payments 90 days after enactment, which was July 26, 1996. Federal agencies may grant waivers for this mandate to recipients who certify in writing and send to the Finance Office stating that they do not have an account with a financial institution. Please select one of the following payment methods:

1. ☐ EFT (Automated Clearing House Payments ACH)
2. ☐ Check (must submit request for waiver in writing to the Finance Office, along with this form.)
3. ☐ OPAC (Federal Agencies only.)

If line 1 was checked above, please provide the following financial institution information for EFT payments. (The ACH Coordinator at your financial institution can supply you with this information.)

Financial Institution Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

ACH Coordinator Name: _____

Nine Digit Routing/Transit Number (ABA#): _____

Account Title: _____

Type of Account: (select one)

☐ Checking Account Number _____

☐ Savings Account Number _____

☐ Lockbox Account Number _____

I certify that the information which I have provided on this form is correct.

NAME (type or print) _____ Title _____ Phone No.: _____

Signature: _____ Date: _____